

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90050 027 ***150.00

DOCUMENT # P97000047082

1. Entity Name
FOUNDATION BENEFITS ADMINISTRATORS, INC.



Principal Place of Business
**6300 BRIDGEPOINT PARKWAY
BUILDING 3, SUITE 400
AUSTIN, TX 78730 US**

Mailing Address
**6300 BRIDGEPOINT PARKWAY
BUILDING 3, SUITE 400
AUSTIN, TX 78730 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-P CR2E034 (12/06)

4. FEI Number
74-2836206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **CEOD** ☐ Delete
NAME **SAKOS, RENI**
STREET ADDRESS **6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400**
CITY - ST - ZIP **AUSTIN, TX 78730**

TITLE **P** ☐ Delete
NAME **CLINE, GLENNA**
STREET ADDRESS **6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400**
CITY - ST - ZIP **AUSTIN, TX 78730**

TITLE **S** ☐ Delete
NAME **GOODALE, KRISTIN**
STREET ADDRESS **6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400**
CITY - ST - ZIP **AUSTIN, TX 78730**

TITLE **T** ☐ Delete
NAME **SULLIVAN, KATHLEEN**
STREET ADDRESS **6300 BRIDGEPOINT PARKWAY, BLDG 3, STE 400**
CITY - ST - ZIP **AUSTIN, TX 78730**

TITLE **D** ☐ Delete
NAME **BOON, JIM**
STREET ADDRESS **6300 BRIDGEPOINT PKWY BLDG 3 SUITE 400**
CITY - ST - ZIP **AUSTIN, TX 78730**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME **Glenna Fox**
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 (512)339-4441

Date

Daytime Phone #